



5 A DAY CHALLENGE
WELLNESS BENEFIT PROGRAM APPLICATION
FOR STATE AGENCIES AND POLITICAL SUBDIVISIONS
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 58365 (07-06)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920

Thank you for your interest in the Wellness Benefit Program (WBP). This program offers benefits to help state agencies or political subdivisions provide work site health promotion activities to their employees. Any agency or political subdivision that participates in the NDPERS health plan is eligible to apply for funding assistance. If an agency has more than one location, more than one program may be funded if the locations are geographically separate and if there is evidence of planning at each location. Two or more agencies/political subdivisions can submit a joint application.

Complete this application answering every question as completely as possible, using an extra sheet of paper if additional space is needed. Incomplete applications will be returned.

This form may be completed on line and submitted electronically, or it can be downloaded and printed.

I. WORKSITE INFORMATION

Agency/Subdivision Name		Dept. #
Address	City/State	Zip
Name of Contact		Title
E-Mail		Phone
Is this a joint application with another eligible employer group? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list employer name(s) and contact person(s).		
Number of active employees at the site or sites to which this application applies. Use the count from your group insurance billing. If joint application, include count for both groups.		
Have you been approved for the NDPERS Employer Based Wellness Benefit Program discount for the current fiscal year? Yes <input type="checkbox"/> No <input type="checkbox"/>		

II. PROGRAM & FUNDING INFORMATION

The program funds wellness benefits for healthy lifestyle programs. Funds are available for agency group programs and program related activities only. Individual memberships in diet programs, health, athletic or fitness clubs are not eligible for reimbursement. Also, the program will not fund the expense of incentive prizes or food. Employer's should fund these items through other means available based on their budget authority or you may consider an employee contribution to help offset these costs. In addition, funds cannot be used for the benefit of dependents, the general public, or in the case of a campus or school, for students. Applications are reviewed and benefits awarded by the Wellness Committee within 60 days of receipt by the PERS office. You will be notified of the committee's decision.

III. HOW TO GET STARTED

Included with this application is a "We Want To Hear From You!" interest survey form. Please distribute the survey to all active employees at your site. Be sure to fill in the highlighted information where requested in Part A and B. It is recommended you allow at least 10 business days for employees to complete and return the surveys.

After the interest surveys have been returned, complete this application.

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1. Describe how you identified/assessed the employees' need or interest for the program. Include copies of the completed "We Want to Hear From You!" employee surveys and any other documentation or written comments you want to provide to support employee interest.

2. How many interest surveys did you distribute/e-mail?

3. The 5 A Day Challenge program has the potential to help employees increase their fruit and vegetable intake. Consuming five to nine servings of fruits and vegetables per day may reduce the risk of cancer, heart disease, stroke, diabetes, and other diseases.

Please list other ways that this program will benefit the employees in your agency/department. Describe how this program will benefit the employees in your agency/group:

4. Will you as the employer contribute to the cost of the program?

☐ Yes ☐ No

If yes, describe your contribution to the program:

5. There is a mandatory \$1.00 per participant fee for each educational session. Will you collect other fees from the participant?

☐ Yes ☐ No

If yes, list fee per participant: \$ _____

6. What is the estimated number of individuals you expect to participate in the program? (Use your survey results as a guide.)

7. Describe the methods you will use to promote the program to motivate employees to participate:

8. What plans have you made for ongoing employee involvement? (Check all that apply):

- ☐ Consider implementing policies that address the food served at meetings and conferences.
- ☐ Consider making healthier food choices available in vending machines and in the cafeteria.
- ☐ Consider providing fruit and vegetable food options whenever food is served at company functions.
- ☐ Consider providing healthier snack options during meetings or in the employee break room.
- ☐ Consider providing refrigeration for employees to store perishable food that they bring from home to eat.

9. Describe how your director/board/management will be involved in the program.

10. Have you sponsored other wellness programs?

☐ Yes ☐ No

If yes, describe the program(s).

**Return the application to NDPERS
Please retain a photocopy for your records**